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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	, CONFIRMATION NO	
10/612,985	07/07/2003	Hajime Akiyama	239861US0	6382	
22850	7590 11/08/2004		EXAMINER		
OBLON, SP	•	ID, MAIER & NEUSTADT, P.C.	NADAV, ORI		
	IA, VA 22314		ART UNIT	PAPER NUMBER	
	•		2811		

DATE MAILED: 11/08/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(Applicant(s)	
	10/612,985 AKIYA		AMA ET AL.	
Interview Summary	Examiner	Art Unit		\
	ori nadav	2811		- Zw.
All participants (applicant, applicant's representative, F	PTO personnel):			
(1) <u>ori nadav</u> .	(3)			
(2) <u>kirsten grueneberg</u> .	(4)		j J	
Date of Interview: <u>19 October 2004</u> .	•			
Type: a)☐ Telephonic b)☐ Video Conference c)☑ Personal [copy given to: 1)☐ applican	t 2)⊠ applicant's represe	entative]	ST AVAILABLE COPY	
Exhibit shown or demonstration conducted: d) Ye If Yes, brief description:	s e)⊡ No.		BLE	
Claim(s) discussed: <u>1-7</u> .			Q	
Identification of prior art discussed:			일	
Agreement with respect to the claims f) was reache	d. g)□ was not reached.	h)⊠ N/A.	~	
Substance of Interview including description of the ge reached, or any other comments: <u>The examiner suggrejection</u> .	neral nature of what was agi ested an amendment to the	reed to if an agree claims to overcom	ment was ee the 112	
(A fuller description, if necessary, and a copy of the allowable, if available, must be attached. Also, where allowable is available, a summary thereof must be attached.	no copy of the amendments	iner agreed would s that would rende	render the er the claims	claims ;
THE FORMAL WRITTEN REPLY TO THE LAST OFF INTERVIEW. (See MPEP Section 713.04). If a reply GIVEN ONE MONTH FROM THIS INTERVIEW DATE FORM, WHICHEVER IS LATER, TO FILE A STATEM Summary of Record of Interview requirements on reverse.	to the last Office action has a E, OR THE MAILING DATE C ENT OF THE SUBSTANCE	already been filed OF THIS INTERVI OF THE INTERV	, APPLICAN EW SUMM	11 12
The Mark Track of the State of				
	/	1		
Examiner Note: You must sign this form unless it is an		Mh		
Attachment to a signed Office action	Examine	r's signature, if re	guired	